



Commonwealth of Massachusetts

Department of Public Safety

Engineering Division

One Ashburton Place, Room 1301

Boston, MA 02108-1618

Tel: (617) 727-3200 x25218

Fax: (617) 248-0813

WWW.STATE.MA.US/DPS

PERMIT NO. _____

APPLICATION FOR PERMIT TO OPERATE AMUSMENT DEVICES

Application is hereby made for a permit to operate the listed amusement devices. The listed permit fees are submitted in compliance with Chapter 140 of the General Laws, Chapter 807 of the Acts of 1974, and the rules and regulations (520 CMR 5.00) established by the Department of Public Safety in accordance with the requirements of Chapter 30A of the General Laws.

(Print name of Company)

(Date of Application)

(Company Website Address)

(Phone Number)

(Print Contact Name)

(Fax Number)

(Contact Name E-Mail Address)

(Contact Name Title)

(Company Street Address)

(Company City, State, Zip Code)

The following information must accompany this application (please check as attached):

- ☐ A completed itinerary on a form supplied by the Department
- ☐ A check payable to the Commonwealth of Massachusetts (\$25 per device)
- ☐ An original insurance certificate (\$1,000,000 minimum)
- ☐ A completed insurance inspectors report on an approved form
- ☐ Manufacturers Data Report for each ride (if not currently on file)
- ☐ Repair / Maintenance Report for each ride (as required)

Mail this application and the accompanying information to the address as listed above.

I certify under the penalties of perjury that to the best of my knowledge and belief that I have filed all state tax returns and paid all state taxes required under state law.

(Signature of owner)

(Date)

(Print Last Name)

(Social Security Number)

Note: Permit will not be issued unless this document has been completed and signed by the owner.
(Authority: Chapter 62, section 49A, Massachusetts General Laws as amended by Chapter 233, Acts of 1983.)

	State Number	Name of Device			State Number	Name of Device
1				37		
2				38		
3				39		
4				40		
5				41		
6				42		
7				43		
8				44		
9				45		
10				46		
11				47		
12				48		
13				49		
14				50		
15				51		
16				52		
17				53		
18				54		
19				55		
20				56		
21				57		
22				58		
23				59		
24				60		
25				61		
26				62		
27				63		
28				64		
29				65		
30				66		
31				67		
32				68		
33				69		
34				70		
35				71		
36				72		

* Permit to Operate Amusement Device Supplemental Form

	State Number	Name of Device
73		
74		
75		
76		
77		
78		
79		
80		
81		
82		
83		
84		
85		
86		

	State Number	Name of Device
87		
88		
89		
90		
91		
92		
93		
94		
95		
96		
97		
98		
99		
100		

Mail the completed application along with the required information attached, and the fee (bank check or money order only) to:

Massachusetts Department of Public Safety
Attn: Sandy Pickering - Amusements
1 Ashburton Place, Room 1301
Boston, MA 02108-1618